



California Department of Education
Healthy Start and After School Partnerships Office

**HEALTHY START EVALUATION
2002 ANNUAL REPORT
Cover Page**

LEA:	Coordinator:
Grant ID#:	Address:
Year Funded:	City/Zip:
Schools:	Phone:
	Fax:
	E-mail:

Note: The Grant ID number is located on your mailing label

Copy# _____

Please email your report to hseval@cde.ca.gov

or mail 3 copies of the Annual Report to:

ANNUAL REPORT
Healthy Start Office
California Department of Education
1430 N Street, 6th Floor
Sacramento, CA 95814

FAXES WILL **NOT** BE ACCEPTED

Must be postmarked by:
October 15, 2002

Person Submitting Annual Report

Name:
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Please attach this cover page to each copy.